U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only	,
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3. Name and address of person filing.

H Clark

1. File Number U -

Name Kirby

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

4. Name, file number, and address of labor organization.

Name Sheet Metal Workers Local 29

Labor Organization Eila Number 822 24.0

		Educi Organization in redinact 5.32 - 1.20					
P.O. Box, Bldg., Room No., if any 1723			P.O. Box, Building and Room Number, if any 1723				
Street	SW Blvd		Street	SW Blvd			
City	Wichita		City	Wichita			
State	Kansas	ZIP Code + 4 67213	State	Kansas	ZIP Code + 4 6	57213	
5. Positi	5. Position in labor organization. Business Manager						
Ent	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Nam	e and address of Employer (	including trade name, if any).	7.a. Natu	ire of Interest, Tr	ansaction, or Income.		
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any			7.b. Ame	ount.			
Street							
City							
State		ZIP Code + 4					
Signotiva							

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

02/01/2006

Date

316-9414311

Telephone Number

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Sheet Metal Workers Local 29 a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any 1723 c. Employer Street SW Blvd Wichita ZIP Code + 4 67213 State Kansas 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Apprenticeship Contest in Omaha, Ne. Name Sheet Metal Workers 29 JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any 1723 Street SW Blvd \$620 11.b. Approximate dollar value of such dealing. Wichita City 12.a. Nature of interest held or income received. ZIP Code + 4 67213 State Kansas 12.b. Amount,

c. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment.		
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State	ZIP Code + 4				
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.		